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10/08/98

~~16C1~~ 16m2  
Bakalyar

Loc. 1600



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attention: REFUND SECTION, ACCOUNTING  
DIVISION, OFFICE OF FINANCE

In re patent application of: Rudolf RIGLER, et al.

Serial No.: 08/491,888

Group Art Unit: 1645

Filed: October 10, 1995

Examiner: H. Bakalyar

Title: A METHOD AND A DEVICE FOR THE EVALUATION OF BIOPOLYMER FITNESS

**REQUEST FOR REFUND**

Assistant Commissioner of Patents  
Washington, D.C. 20231

Sir:

With applicants filing of June 23, 1998, a petition for a three-month extension of time was filed, along with a fee of \$950 (check no. 038174). Copies of the petition, check stub, and PTO mailroom receipt are attached hereto. Applicants had intended to pay the required fee of \$475 (small entity status).

Therefore, applicants hereby respectfully request that a refund of \$475 be credited to applicants' counsel's Deposit Account No. 06-1358.

Respectfully submitted,

JACOBSON, PRICE, HOLMAN & STERN, PLLC

ZZ:ld 8- 7M 86.  
JUL -8 P1:22

By:

William E. Player  
Reg. No. 31,409

WEP/cob

The Jenifer Building  
400 Seventh Street, NW  
Washington, D.C. 20004-2201  
Telephone: (202) 638-6666  
Atty. Docket: P58841NA  
Date: June 30, 1998

10/08/1998 DWILLIA1 00000009 061358 08491888

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475.00 CH

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| DATE     | IN PAYMENT FOR  |  | AMOUNT |
|----------|---|--|--------|
| 06-23-98 | <p>FILING FEE</p> <p>ISSUE FEE</p> <p>AMENDMENT</p> <p>ASSIGNMENT FEE</p> <p>APPEAL FEE</p> <p>MISCELLANEOUS 950.00</p> <p>APPLICANT VON KREISLER, SELTING, WERNER</p> <p>SER. No. 08/491,888 MARK</p> <p>OUR FILE No. 10496 WRITER WEP</p> <p>CHARGE To P58841NA</p> |  | 950.00 |

P.O. 038174

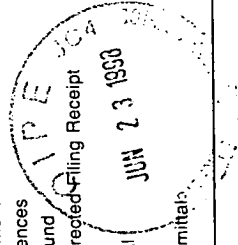
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JPH&S Ref P58841NA Today's Date 6-23-98  
Serial Patent No. 08/491,888  
Applicant Rigler et al.  
Filing Date 10-10-95

The following has been received in the U.S. Patent & Trademark Office on the date stamped hereon:

- ☐ \_\_\_\_\_ pp. Specification & \_\_\_\_\_ Claims
- ☐ Combined Declaration, Power of Attorney
- ☐ Preliminary Amendment
- ☐ Rule 53 (b) Application
- ☐ Rule 53 (d) Application
- ☐ Claim to Priority and Certified Copy
- ☐ Substitute ☐ Subsequent Declaration
- ☐ Maintenance Fee
- ☐ Drawings \_\_\_\_\_ Sheets \_\_\_\_\_ Formal \_\_\_\_\_ Informal \_\_\_\_\_
- ☐ Assignment/Change of Name
- ☐ Small Entity Declaration
- ☒ Check for \$ 950.00
- ☒ Response to Office Action
- ☐ Disclosure Statement
- ☐ Copies of References
- ☐ Request for Refund
- ☐ Request for Corrected Filing Receipt
- ☒ Petition for XOT
- ☐ Notice of Appeal
- ☐ Brief
- ☐ Issue Fee Transmittal
- ☐ Other \_\_\_\_\_



JPH&S 12/97 DUE DATE 6-23-98  
JACOBSON, PRICE, HOLMAN & STERN, PLLC  
400 SEVENTH STREET, N.W.  
WASHINGTON, D.C. 20004

Person filing wsl/cob

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                         |                                   |   |              |           |   |   |    |   |   |   |   |
|---|-----------------------------------|---|--------------|-----------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>7-1-88</u>                      |                                   | 2 Serial/Patent # <u>08/491,888</u>   |              |           |   |   |    |   |   |   |   |
| 3 Please refund the following fee(s):                 |                                   | 4 PAPER NUMBER  | 5 DATE FILED | 6 AMOUNT  |   |   |    |   |   |   |   |
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| ✓   | Overpayment                       | Credit Deposit A/C #:   |              |           |   |   |    |   |   |   |   |
|   | Duplicate Payment                 | 9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>0</td><td>6</td><td>--</td><td>1</td><td>3</td><td>5</td><td>8</td> </tr> </table> |              |           | 0 | 6 | -- | 1 | 3 | 5 | 8 |
| 0   | 6                                 | --  | 1            | 3         | 5 | 8 |    |   |   |   |   |
|   | No Fee Due (Explanation):         |   |              |           |   |   |    |   |   |   |   |
| <u>Charged to wrong Fee Code</u>                      |                                   |   |              |           |   |   |    |   |   |   |   |
| 11 REFUND REQUESTED BY:                               |                                   |   |              |           |   |   |    |   |   |   |   |
| TYPED/PRINTED NAME: <u>Donna Chapa</u>                |                                   | TITLE: <u>SLF</u>   |              |           |   |   |    |   |   |   |   |
| SIGNATURE: <u>[Signature]</u>                         |                                   | PHONE: <u>308-2081</u>  |              |           |   |   |    |   |   |   |   |
| OFFICE: <u>TC/600</u>                                 |                                   |   |              |           |   |   |    |   |   |   |   |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** |                                   |   |              |           |   |   |    |   |   |   |   |
| APPROVED: <u>[Signature]</u>                          |                                   | DATE: <u>8-25-88</u>  |              |           |   |   |    |   |   |   |   |

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